

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                 |                       |   |   |    |   |   |   |   |
|---|-----------------------------------|---|-----------------|-----------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>4/6/04</u>                      |                                   | 2 Serial/Patent # <u>10/028,346</u>   |                 |                       |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED | 6 AMOUNT              |   |   |    |   |   |   |   |
|   | Filing                            |   |                 | \$                    |   |   |    |   |   |   |   |
|   | Amendment                         |   |                 | \$                    |   |   |    |   |   |   |   |
|   | Extension of Time                 |   |                 | \$                    |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |   |                 | \$                    |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Petition                          | 6   | 3/10/04         | \$ 110. <sup>00</sup> |   |   |    |   |   |   |   |
|   | Issue                             |   |                 | \$                    |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |   |                 | \$                    |   |   |    |   |   |   |   |
|   | Maintenance                       |   |                 | \$                    |   |   |    |   |   |   |   |
|   | Assignment                        |   |                 | \$                    |   |   |    |   |   |   |   |
|   | Other                             |   |                 | \$                    |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT<br>OF REFUND   |                 | \$ 110. <sup>00</sup> |   |   |    |   |   |   |   |
|   |                                   | 8 TO BE REFUNDED BY:  |                 |                       |   |   |    |   |   |   |   |
|   |                                   | Treasury Check  |                 |                       |   |   |    |   |   |   |   |
|   |                                   | Credit Deposit A/C #:   |                 |                       |   |   |    |   |   |   |   |
|   |                                   | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> </tr> </table> |                 |                       | 1 | 9 | -- | 1 | 0 | 1 | 3 |
| 1   | 9                                 | --  | 1               | 0                     | 1 | 3 |    |   |   |   |   |
| 10 REASON:  |                                   |   |                 |                       |   |   |    |   |   |   |   |
|   | Overpayment                       |   |                 |                       |   |   |    |   |   |   |   |
|   | Duplicate Payment                 |   |                 |                       |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         |   |                 |                       |   |   |    |   |   |   |   |
| <u>Office mistake</u>                                 |                                   |   |                 |                       |   |   |    |   |   |   |   |
|   |                                   |   |                 |                       |   |   |    |   |   |   |   |
|   |                                   |   |                 |                       |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |                 |                       |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Derek L. Woods</u>             |                                   | TITLE: <u>Attorney</u>  |                 |                       |   |   |    |   |   |   |   |
| SIGNATURE: <u>Derek Woods</u>                         |                                   | PHONE: <u>305-0014</u>  |                 |                       |   |   |    |   |   |   |   |
| OFFICE: <u>Petitions</u>                              |                                   |   |                 |                       |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                 |                       |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>4-13-04</u>  |                 |                       |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B